Anxiety and Child Protection – Implications for Practitioner–Parent Relations

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ABSTRACT

Social work practitioners face powerful existential threats in child protection. Core aspects of anxiety and their significance for practitioner-parent relations are identified. Social and psychoanalytic theory are utilised to suggest that the production of anxiety in child protection stems from multiple sources and that insufficient attention has been paid to the social context of poverty and disadvantage. Menzies (1970) core analytic categories of primary and secondary anxiety are applied and extended to take account of specific dimensions of the social and organisational context of child protection practice for social work. Processing the anxiety is central to practitioner-parent relations that lie at the heart of the protection of children.

INTRODUCTION

Hacking (1992) argues that child abuse and neglect has become the object of intense concern beginning in the USA but gradually spreading to much of the industrialised world (p.193). Public data suggests child protection is a complex matrix primarily involving rising numbers of children in formal systems. Most of them are growing up in families facing multiple adversities of which child protection is one facet in a context of limited human and material resources. Furthermore removal of the child from his or her parents remains an ever-present possibility, the single most powerful intervention for which long term outcomes are at best indeterminate.

Apparent failures to safeguard children have given rise to a series of formal inquiries into child protection practice (see, for example, DHSS 1974, London Borough of Brent 1985, Laming 2003). Inquiry findings place primary emphasis on improving inter-professional and inter-agency cooperation and focus less on the difficulties and anxieties practitioners face in working with families when children may be in need of protection. Cooper et al (1995) suggest that anxiety is 'the primary force acting on the social work profession' (p.111). The production of anxiety is likely to stem from multiple sources including fear of and personal threat to social work practitioners, uncertainty associated with child protection decision-making (Taylor et al 2008, Stevens and Cox 2008) and personal experience of abuse as a child (Stanley and Goddard 2002). The complex nature of this anxiety in child protection however remains relatively unexplored.

This paper seeks to identify core aspects of anxiety for social workers in child protection and their significance for practitioner-parent relations. Social and psychoanalytic theory are utilised to suggest that the production of anxiety in child protection stems from multiple sources and that insufficient attention has been paid to the social context of poverty and disadvantage. Menzies (1970) early work analysing anxiety arising from nursing ill and dying people in hospital is applied to anxiety arising from social work

with abused and neglected children in the community. Her insights are extended to take account of specific dimensions of the social and organisational context of child protection practice for social work. Public child welfare data is used to explore the significance for the practice context of: first, the social context of pervasive social and economic disadvantage; second, the organisational context of high work/low staff ratios; and third, the professional context of balancing the merits of public intervention when long term outcomes are not easily calculable and may permanently separate children from their families.

The complex nature of anxiety at interpersonal and organisational levels in child protection requires to be better understood as a condition of practice. Professional supervision needs to support practitioners to confront the powerful feelings aroused by the abuse and neglect of children. The anxiety associated with facing major and potentially intractable problems associated with social and economic disadvantage also needs to be acknowledged as an integral part of the landscape of child protection where children face the double jeopardy of abuse and social disadvantage. Processing this anxiety in a supportive professional environment is essential to ensure practitioners are equipped to engage with the totality of families' personal and social circumstances. This processing is axiomatic to forging and to sustaining productive relations with children and their parents on which good professional assessment and intervention depend.

Social systems as a defence against anxiety

Menzies (1970) undertook a classic study of nursing organisation of patient care in a London general teaching hospital. In her highly influential paper she identified that the hospital as a social organisation is influenced by a number of interacting factors. She identified the importance of social and psychological satisfaction in nursing practice and above all the need for support in the 'task of dealing with anxiety' (p.10). She explored the nature of anxiety that arose for nurses who are confronted with the threat and reality of injury, suffering and death as few lay people are and the reasons for its intensity. She found that the circumstances gave rise to strong and varied feelings in the nurses, including amongst others compassion, guilt and anxiety, resentment and envy of the care given patients. She identifies that the core of the anxiety arises in the 'relation with the patient' (p.11). The more concentrated the relationship, the more the nurse is 'likely to experience the impact of anxiety' (p.11).

Social workers face equally powerful existential threats in child abuse and neglect cases. As few lay people do social workers confront child injury, neglect and death. However, unlike Menzies nurses they also see first-hand the misery of poverty and deprivation for the majority of the children and their families in their communities. In addition, social work practitioners hold power to separate children from their families without knowing in the longer term what the consequences of their decisions will be for the child.

Menzies (1970) went on to identify the significance of the structuring of the nursing service and how this operated to deal with the high level of stress and anxiety among nurses. She argues that the organisation of nursing practice did not take sufficient account

of the common anxieties in nurse-patient relations. Structural features such as excessive movement of staff to limit contact with any one patient and a culture of discouraging the expression of valid distress developed as an institutional response, albeit unproductively, to protect nurses from the anxiety arising from nursing ill and dying people.

Similarities can also be found in the social organisation of child protection work in the UK. A highly regulated and elaborated system of procedures is in place to identify children at risk of harm. This includes multi-agency child protection guidelines, protocols to share information, multi-disciplinary case conferences and registers of children deemed at risk. The all-pervasive use of information and communication technology (ICT) is a growing feature of practice (Garrett 2005; Broadhurst and White 2009, Bell et al 2007, Munro and Parton 2007). The context is heightened sensitivity where exposure to public censure for perceived professional failure to protect children lies in the background of daily practice (Spratt 2001). Cooper et al (1995) have identified the role of procedures as a device for managing the '*fear*' (p.112) of making mistakes in child protection. They also provide a measure of accountability and control of professional activity. Cooper (2008) argues that governmental anxiety about failing to achieve a skilled and productive work-force, essential to global competitiveness, is projected downwards leading to attempts to control the activities of public sector professionals, whether social work, health or education. This can be seen in the persistence of the audit culture and its ever-present potential to 'visit the shame of failure on us' (p.12).

PRACTICE CONTEXT

Social and economic factors

Clients of UK social services have two things in common: poverty and deprivation Schorr (1992). It is well established that children caught up in public child welfare agencies disproportionately come from backgrounds of social and economic disadvantage (Bebbington and Miles 1989, Gibbons et al 1990, Department of Health 1995, Waterhouse and McGhee 2002). In Scotland three local authorities had one-in-ten of their population of children referred to the children's hearings system in one year (SCRA 2007, Table 3, p.26). These are amongst the local authority areas with the largest local share of the 15 per cent most deprived in the Scottish Index of Multiple Deprivation 2006 (Scottish Executive 2006a). Dearing (2007) in a review of empirical data observes that childhood poverty impacts on children's psychological development, especially their cognitive and social-emotional development, reflected in high rates of academic failure and mental health problems amongst young people growing up in poverty.

Strong associations between measures of deprivation and referrals to child welfare and protective agencies have been found (Coulton et al 1999), although much of this research has been undertaken in the USA (Winter and Connolly 2005). In one of the few UK studies Winter and Connolly (2005) found a strong association between deprivation measures and numbers of referrals to a children and families intake team. Other studies have identified correlations between economic disadvantage and child abuse and neglect (Department of Health 1995, Corby 2000, Gardner 1993). Gibbons *et al* (1995) following

up a group of children on protection registers found that families were poorer, were more commonly headed by a lone parent and often moved house. Drake and Pandy (1996) found poverty was most associated with neglect. In studies of sexual abuse social class differences in rates of abuse have not generally been found (Parton 1997). These findings suggest a complex picture where poverty is not predictive at the individual level of the likelihood of child maltreatment but more often than not provides the context within which child and family social work services operate.

Organisational context[1]*- work/staff ratio*

General trends show a rise in child protection referrals in many countries (Parton and Mathews 2001). In England children referred for enquiries where there are specific child protection concerns remains consistently high (71,800 section 47 enquiries to the year end March 2006). The number of core assessments (an in-depth assessment of a child's needs) has increased significantly from 56,100 in 2002 to 93,400 in the year ending 31 March 2007 (respectively DoH 2002, DCSF 2007a)[2].

In Scotland, between 2000 and 2007[3] referrals for child protection enquiries increased from 7,201 to 11,960 and the number of children registered rose by 37 per cent (Scottish Executive 2002a, The Scottish Government 2007a). By 2006/07, 65 per cent of referrals to the children's hearings (lay tribunals which are the decision-making arm of the Scottish justice and child welfare systems for under sixteens) were on non-offence grounds (SCRA 2007).

Neglect has become a major focus of formal concern. In England neglect is the largest registration category (44%, DCFS 2007a), with a decline in the category of physical abuse (19% in 2002; 15% in 2007). A similar pattern is found in Scotland: physical neglect category (49%) and physical injury (38% in 2000; 23% in 2007) (Scottish Executive 2002a, The Scottish Government 2007a). One of the most common reasons for referral to the hearings in 2006/07 was a 'lack of parental care' (SCRA 2007, p.30).

A greater reliance on the use of compulsion is apparent. In England and Wales care applications rose from 2,657 in 1992 to 6,728 in 1998 (Beckett 2001); and by 2005 had risen to 12,855 (DCA 2005, Table 5.2, p.67). The numbers of children referred to the Scottish hearings increased (56,199 children in 2006/07 up 23 per cent from 2003/04, representing 6.1 per cent of all children in Scotland, SCRA, 2007). There also was a 20 per cent increase in the number of children subject to formal supervision requirements (10,509 in 2003/04; 12,644 in 2006/07, SCRA 2007 p.7). The majority of children, where

[1] There are four jurisdictions in the UK with varying approaches to gathering statistical data. There have been within jurisdiction changes in counting methods. There are variations in completion rates and local differences in the interpretation of categories. This affects detailed comparison.

[2] There appears to be either some underreporting or variations in practice in carrying out core assessments (DCSF 2007).

[3] Caution must be exercised in drawing comparisons. Methodology changed in 2005/06 when the total number of child protection referrals and the total number of children was substituted for the number of children who had a child protection referral.

there are concerns about potential risk of abuse and neglect, primarily remain at home protected by support services to the family (Axford and Bullock 2005).

In England the use of emergency child protection measures remains high (Masson et al 2004). In Scotland, there has been a substantial increase in child protection orders (may authorise the removal (or retention) of the child in a place of safety) (Francis *et al* 2006).

Alongside growing demand difficulties continue in the recruitment and retention of social workers**,** especially in child welfare (Audit Commission 2002, Audit Scotland 2007), albeit with some recent improvement. In England the number of whole time equivalent staff working with children has steadily increased from 14,100 in 1997 to 18,500 in 2006 (The Information Centre for Health and Social Care 2007). The vacancy rate for children's social workers**,** however, was 11.4 percent in 2004 and 11.8 per cent in 2005. The number of local authorities reporting recruitment difficulties rose from 48 per cent in 2001 to 69 per cent in 2005 (Children's Workforce Development Council 2006), although fell slightly (66 per cent) in 2006 (Local Government Analysis and Research 2007).

In Scotland the vacancy rate for main grade social workers in children's services peaked at 15.3 per cent in 2003 falling to 11.1 per cent in 2005 (The Scottish Government 2007b). Recent figures show more stable vacancy rates of 8.4 per cent (October 2006) and 8.2 per cent (October 2007)[4] (The Scottish Government 2007b). This remains substantially higher than in other professions (teaching 1 per cent, nursing 4 per cent, Audit Scotland (2007)). High turnover of staff in child welfare has been reported in other countries such as the USA (Mor Barak *et al* 2006) and Sweden (Tham 2007). Social services departments in England and Wales also reported significantly higher absence levels than in other areas of local government with a significant proportion related to stress (Employers Organisation 2005). It is difficult to gain accurate national statistics on social workers sickness absence and the figures will more likely under-report.

Professional context - child mortality and public intervention

Rates of child death from injury in England and Wales fell from 11.1 deaths per 100,000 children around the 1981 census to 4.0 deaths per 100,000 children around the 2001 census. The exception was children in families where no adult is in paid employment. This latter group was at higher risk, especially in relation to deaths in house fires and as pedestrians (Edwards et al 2006).

Despite the prominence of public and political attention given to fatal child abuse inquiries child death due to abuse and neglect appears relatively rare (Axford and Bullock 2005; Macdonald 1995). The overall rate of child homicide has remained largely stable in the UK and the USA since the 1970s (Creighton and Tissier, 2003; Hacking, 1992)

[4] The figures from 2006 onwards cannot be compared with previous data due to changes in the methods of counting.

averaging some 79 child deaths per year in England and Wales[5]. However, child mortality statistics may well underestimate the number of child deaths due to abuse within the family (Scottish Executive 2002b). Recent oral evidence (as yet uncorrected) by the Head of Ofsted to the Children, Schools and Families Committee suggests a significantly higher rate (UK Parliament, House of Commons, 2008). Creighton and Tissier (2003) drawing on government statistics for 2000/01 found parents were the main suspects in 78 per cent of cases. In Scotland 10 children were homicide victims in 2000, many such children being killed by a parent (Scottish Executive 2002b). Research from formal reviews by area child protection committees of cases where a child has died or been seriously injured in England and Wales, suggests that 100 children a year die due to abuse or neglect by parents or other relatives (Department of Health 1995, Dent 1998 cited in the Scottish Executive 2002b).

DISCUSSION

Menzies (1970) distinguishes between primary and secondary anxiety in the organisation of nursing practice. Primary anxiety concerns injury, suffering, illness and death, secondary anxiety stems from the organisation of nursing work. In child protection primary anxiety arises at the most basic level of the task, working with abused and neglected children and the adults who perpetrate this abuse (Cooper et al 1995). It concerns the potential for child injury, consequent illness, disability or death. Menzies (1970) also refers in her treatment of primary anxiety to suffering. In child protection arguably social workers bear witness to suffering in two further ways. First, through seeing the pervasive poverty and deprivation in the lives of many of the children and their families; and second through that which may be caused by exercising the power to separate children from their families.

Secondary anxiety concerns the structure, culture and functioning of the social organisation of the nursing service. Menzies (1970) describes this as a compromise between the practical requirement to deliver the primary task of caring for ill people in hospital and the implicit need to manage the primary anxiety produced by the task. She characterises this compromise as a socially structured defence system that operates, mainly by evasion, to give protection from the full experience of anxiety. In child protection secondary anxiety can also be seen to stem from the structure, culture and functioning of the social organisation of child protection work. The discussion considers primary and secondary anxiety in turn and concludes with their significance for practitioner-parent relations.

Primary anxiety

Unlike most of ‘us’ social workers see first hand the poverty and deprivation of ‘them’. In a society of growing social and economic inequality social workers are faced with constant exposure to the misery of deprivation they see in the families referred for child protection concerns. Rustin (2005) alerts us to the painfulness that comes with awareness

[5] Changes in recording child deaths in 1979 (Corby 2000) make mortality figures difficult to analyse.

of deprivation and the limitations on the availability of human and material resources to respond to the needs of children. Stevenson (1996) suggests that social workers confronted with widespread poverty may become inured to some 'families bumping along the bottom' (p.13). Another response may be to take the poverty as given. Officials responsible for child welfare decision–making rarely identified socio–economic disadvantage, despite its widespread prevalence, as an adversity in the children's lives. (McGhee and Waterhouse 2007).

Hacking (1992) argues child abuse and neglect are made up as far away from poverty as possible. Similarly Hill (1990) suggests that the focus on inquiries effectively detaches child abuse and neglect from 'wider social processes and responsibilities' (p.207), diverting attention away from broader social reform. Research into the child protection system in the UK suggests that the primary focus on child protection failed to take full account of 'the treatment needs of abused children and the severity of their parents' disadvantage" (DoH 1995, p.64).

Menzies (1970) points to the difficulties that arise for an effective nursing service when the nurse is unable to attend to the 'totality of any one patient and his illness' (p.11). This fragmentation is organised to facilitate a reduction in anxiety but in fact does little to reduce or to modify it (p. 38). In child protection policy is focused on the assessment of risk. Risk is mainly defined in terms of direct harm and/or neglect by parents and is not necessarily concerned**,** despite government promotion of ecological perspectives (Department of Health 2000, Scottish Executive 2005), with the well-established risks to child health and development that are associated with poverty (Gregg et al, 1999; Dearing, 2007).

As in nursing, this fragmentation or narrowing of focus (Buckley 1999) found in child protection is likely to interfere with the capacity of the practitioner to engage with the totality of the parents' social and personal experiences. This in turn contributes to primary anxiety that arises when social workers as representatives of the state are confronted with the suffering of societies poor, the uncertainties associated with child care decision-making and the potential to separate forcibly children and parents. The pervasiveness of social and economic deprivation has the capacity to overwhelm the individual practitioner both for what it is and also because these social realities have to be set aside to determine the concrete decisions required by the child protection system. The system concentrates on trust in information and communication systems (Burkert 1999) and the possible removal of children from their parents as central solutions to difficulties in the upbringing of children.

In practice it is necessary to balance the merits of public intervention against no intervention when both decisions hold potential risks for the individual child's health and development. As King (1995) suggests there is an 'insoluble problem of determining children's future welfare in the face of indeterminacy and uncertainty' (p.323). This uncertainty is well known to child care practitioners (Packman 1968) but has been amplified as a growing body of research evidence highlights the poor outcomes for children looked after away from home (Elsley et al 2007). Social workers interviewed by

Cooper et al (1995) talked about their fears of 'destroying families'. Taylor et al (2008) identified the impossibility of making 'damage free' decisions about the parent-child bond. They also reported a sense of powerlessness in the face of child care concerns and at the same time fears about the misuse of power.

Secondary anxiety

Secondary anxiety lies in the organisational context of child protection systems. Cooper and Lousada (2005) point to the importance for policy development of a substantive link between child protection procedures and the complex and emotionally intense nature of the work. The UK child protection system is configured to manage and control the discretion of professional practitioners in their decision making. It matches Weber's (1947) classification of a rational-legal authority system with a bureaucratic-organisational form. The hierarchy of authority and the associated system of rules controls the actions of individuals, which constitutes a depersonalisation and circumscribes professional autonomy.

March (1988) points to the limitations of rationality in decision making. He argues that cognitively attention is the key scarce resource: individuals cannot attend to everything at once, nor can they be everywhere at once (cited in Pugh and Hickson, 2007, p.137). The consequence is that individuals attend only to some parts of decision making and that what they attend to depends on the alternative claim upon them. Attention in one area or activity means ignoring another: 'every entrance is an exit somewhere else' (ibid. p.137).

The increasingly prescriptive procedures and protocols of child protection systems act as service controls and are an alternative claim on practitioners' time deflecting attention away from direct face-to-face work with families. Alongside new electronic systems they come to represent first-order importance in attempting to protect children. This arguably forms a 'grand collusion' unconsciously made, that professionals meeting together to animate the regulatory systems is of itself protection for the child. Herein, contact with the family becomes relegated to secondary importance.

Work/staff ratios suggest a process of work intensification that is likely to impact on practitioners' ability to respond to the increasing number of families referred to the child protection system. A review of social work in Scotland (Scottish Executive 2006b) identified heavy and inequitable caseloads, a focus on dealing with crises that limited planned work and early intervention as features of social work. Bulmer (2005) reported unpredictable working days with social workers caught up in responding to unplanned events. Menzies (1970) nurses appeared to have a constant sense of impending crisis where the 'threat of a sudden increase [in work] is always present' (p.26). They feared failing to carry out their duties adequately due to pressure of work. Menzies (1970) observed that expressions of distress, although recognised, were discouraged. Work intensification in child protection leads to parallel concerns. Feelings of bombardment may overwhelm the capacity to respond to multiple demands and in turn increase fears of failure. This may inhibit communication about the demands of the task and crucially

about the difficulties faced in forming productive practitioner-parent relations where child care concerns are present.

Practitioner- parent relations

As Menzies (1970) observed primary and secondary anxieties operate in face-to-face encounters between nurse and patient. In child protection work practitioners need to form close relations with parents to look inside normally private family life when fundamental questions about parental care and supervision of their children arise. Practitioners must rely on parents for information about family life outwith official observation. Both parties are under scrutiny by the other; both are dependent on each other.

Menzies (1970) found that the closer and more concentrated relations the more the nurse is likely to experience the impact of anxiety (p.11). She argued that the nursing service attempts to protect from the anxiety by splitting up nurse-patient contact (p.11). As a consequence the nurse performs only a few tasks for and has restricted contact with any one patient. This prevents her from coming effectively into contact with the totality of any one patient and his or her illness and acts as a socially structured defence mechanism, which ultimately fails to ward of the anxiety the illness arouses.

In social work evidence suggests limited time is spent in face-to-face contact with clients (Samuel, 2005; Bulmer 2005, Broadhurst and White 2009). In child protection practice the emphasis is on sharing information between professionals and planning for the protection of the child through the mechanisms of case conference, registration and core planning meetings. This focus on professional interaction may serve to limit practitioners' interaction and direct intervention with families splitting off practitioner from parents and their children. The regulatory system may function as in Menzies (1970) as a social defence system against the anxiety that is aroused in forming close relations with parents.

The regulatory system can also be seen as form of social technology (Dore 1999) that operates to ensure that children remain visible to agencies. In effect these systems 'keep an eye on the family' and in so doing institutionalise suspicion and mistrust. Dore (1999) argues such devices can be used to help individuals remain trustworthy and are potentially trust-enhancing. The condition that needs to be satisfied for the latter to occur is the norm of fairness. So long as families believe that practitioners are behaving fairly towards them then they are more likely to accept the need for regulatory systems. Conversely practitioners also depend on a norm of fairness in their encounters with parents. Inquiries point to the consequences of misplaced trust in parents for professional and personal reputation.

The twin processes of splitting and institutionalisation of suspicion make relations with parents inherently anxiety provoking. Practitioners may respond to this anxiety in ways that may limit their ability to help families. First, they may systematically approach parents with mistrust and suspicion or second, they may simply wish to avoid direct contact with families.

Taking the first, this is not to suggest that practitioner-parent relations should be conducted in a naive mode. Rather, as Stevenson (1986), observes 'shrewd observation' is required when parents are under stress. She makes clear that this is different from 'systematically approaching clients with distrust.' (p.504). At an interpersonal level trust is a symbol of status (Burkert 1999) already often lacking in the lives of many of the families referred to child protection systems. Child protection systems create a class of individuals who are potentially stigmatised as failed parents from whom their children have to be protected and in some cases removed. Goffman (1963) argues that encounters between stigmatised individuals and 'normal' individuals make for 'anxious unanchored interaction' (p.29). The result is interaction-uneasiness for both parties. Parents may see themselves as coming to belong to a discreditable group in society and in their conversation-like encounters with social workers, fear that they come to be identified as a discredited person. Tension arises primarily from the need to manage information about any failing that might be discrediting about themselves and their parenting.

Practitioners do need to assess risk of harm to a child. Douglas **(**1966) shows that risk perception depends on shared culture rather than on individual psychology and that anxiety has to be selective. In a 'risk society' (Beck 1992) differing interpretations of the relationship between risk and anxiety are contested. Douglas (1966) argues that risk is highly charged morally and politically and 'naming a risk amounts to an accusation' (p.XIX). The selection of which dangers are terrifying and which can be ignored depends on which kind of behaviour the risk-accusers want to stop' (p.XIX).

The Laming Inquiry (2003) refers to the need for 'respectful uncertainty' in coming to judgements. Yet it remains unclear how this is being translated in practice and depending on interpretation may result in a context where conditions for communication may not be optimal. Forrester et al (2008), in simulated practitioner interviews with parents (actors) where child protection concerns featured, found limited use of reflection and overuse of closed questions leading to a more interrogatory communication style. In contrast more empathic responses appeared to be central both to greater disclosure of information and co-operation from the parent. This ultimately led to a clearer focus on the most appropriate subsequent action.

Second, in considering avoidance as an alternate response, problems identified by practitioners including excess paper work, the growing demands of technology and limited time for direct work with families (Taylor, 2008; Scottish Executive, 2006b) all may serve a deeper function. Namely they may serve to ward off anxiety associated with forming close relations with parents and children, the very thing that social workers say they want but are prevented from so doing. In England (Lifting the Burdens Task Force 2008) and in Scotland (Scottish Concordat 2007) there are moves to streamline the bureaucratic burdens associated with the relationship between local and central government.

Menzies (1970) reinforces the need to confront the powerful feelings associated with professional experiences that give rise to primary anxiety. This will help practitioners to

'tolerate and deal more effectively with the anxiety' (p.24). In a stressful practice context good supervision has a crucial role to play (Shulman 1991) in supporting practitioners in processing this anxiety to enable them to connect with families and to engage in 'critical thinking' (Parton 2008, p.266) that integrates 'emotional, rational and irrational factors' (Cooper and Lousada 2005 p. 165). Policy makers also need to recognise the role anxiety may play in structuring the current organisation of the child protection system to avoid continuance of the status quo. There is some evidence of a growing re-emphasis on the centrality of human relations (Scottish Executive 2006b). Finally policy needs to recognise that social and economic disadvantage are an integral to the landscape of child protection.

CONCLUSION

Tensions and anxieties arise in all social systems that deal with fundamental elements of human existence. A full understanding of anxiety encompasses social and cultural processes and one interpretation is to treat it as an indicator showing that something is seriously amiss with the circumstances in which people are living and working. The complex nature of anxiety in child protection needs to be better integrated into policy. This will encourage conditions of practice that support full engagement with children facing the double jeopardy of abuse and social disadvantage.

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